

CONTRACTOR NAME: \_\_\_\_\_

CONTRACTOR'S ADDRESS: \_\_\_\_\_

CONTRACTOR'S TAX IDENTIFICATION NUMBER (TIN): \_\_\_\_\_

**CONTRACTOR'S INVOICE REQUEST:**

I hereby request the following Construction payment:

☐ **PROGRESS** (NET-14) \*    ☐ **RETAINED** (NET-30) \*    ☐ **FINAL** (NET-30) \*

Under Invoice Number \_\_\_\_\_

Contract Number \_\_\_\_\_

Project Title \_\_\_\_\_

Original Contract Amount: \$ \_\_\_\_\_

Plus Modification Amount: + \_\_\_\_\_

**subtotal:** \$ \_\_\_\_\_

Times Percentage Complete: X \_\_\_\_\_

Progress Completed to Date: \$ \_\_\_\_\_

Less Previous Unpaid Retainage: — \_\_\_\_\_

Less Previous Payments: — \_\_\_\_\_

**subtotal:** \$ \_\_\_\_\_

Less additional retainage: — \_\_\_\_\_

**TOTAL PAYMENT REQUESTED:** \$ \_\_\_\_\_

Accounting Classification Reference Number (ACRN) \_\_\_\_\_

**(NOTE: A separate invoice must be submitted for each ACRN specified)**

I HEREBY CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT

(1) The amounts requested are only for performance in accordance with the specifications, terms, and conditions of the contract;

(2) Payments to subcontractors and suppliers have been made from previous payments received under the contract, and timely payments will be made from the proceeds of the payment covered by this certification, in accordance with subcontract agreements and the requirements of Chapter 39 of Title 31, United States Code;

(3) This request for progress payments does not include any amounts which the prime contractor intends to withhold or retain from a subcontractor or supplier in accordance with the terms and conditions of the contract;

(4) This certification is not to be construed as final acceptance of a subcontractor's performance; and

(5) No ocean transportation was used in support of this contract.

BY: \_\_\_\_\_

(SIGNATURE)

(DATE)

(Printed or Typed Name)

(Printed or Typed Title)

**GOVERNMENT CERTIFICATION:**

The following areas will be completed only if changes from the contractor's stated information are required.

\$ \_\_\_\_\_

+ \_\_\_\_\_

\$ \_\_\_\_\_

X \_\_\_\_\_

\$ \_\_\_\_\_

— \_\_\_\_\_

— \_\_\_\_\_

\$ \_\_\_\_\_

— \_\_\_\_\_

\$ \_\_\_\_\_

ACRN: \_\_\_\_\_

\*The **DUE DATE** for making payment shall be calculated from the DATE (invoice/services received) specified above.

**I HEREBY CERTIFY THAT PAYMENT IN THE AMOUNT OF**

\$ \_\_\_\_\_  
**IS PROPER AND AUTHORIZED FOR SERVICES RECEIVED IN CONFORMANCE WITH THE TERMS AND CONDITIONS OF THE CONTRACT.**

**J.E. BUKY / J.C. STEVENS**

Contracting Officer

99 CONS/LGCC, Nellis AFB NV

(702) 652-2531

(Signature Date)

**REMIT PAYMENT OR SEND DEFECTIVE INVOICES TO THE ADDRESS/PERSON IDENTIFIED ABOVE.**